 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
DAVID PENNEY PENNEYS GEMSTONES 2400 EAST 30 SOUTH P O BOX 312	3. Service Type
BEAVER UT 84713-0312	XXCertified Mail
DOGM 5/001/257 10/22/04	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7099 3400 0016	\$895 5606
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M-10

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

S/001/057, 10/22/04

Postage
Certified Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Recipient's Name (Please Print Clearly) (to be completed by mailer)
DAVID PENNEY
Street, Apr. No.: or PO Box No.
P 0 BOX 312

City, State, ZIP+4
BEAVER UT 84713-0312

